

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/608,170

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--|-----|-----|-----|-----|-----|-----|
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| TOTAL IND. | 2 | | 2 | | | | | | | | | | |
| TOTAL DEP. | 23 | | 23 | | | | | | | | | | |
| TOTAL CLAIMS | 25 | | 25 | | | | | | | | | | |